



Corres. and Mail
BOX AF

2700
AF/2665
\$

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2665, Expedited Procedure

In re Application of:

Docket No. 01807.000652

YACINE SMAIL EL KOLLI

Appln. No.: 09/314,119

Examiner: T. D. Tran

Filed: May 19, 1999

Group Art Unit: 2665

For: METHOD AND DEVICE FOR SENDING DATA,
METHOD AND DEVICE FOR RECEIVING
DATA

Date: July 22, 2003

RECEIVED

JUL 28 2003

Technology Center 2600

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 30 | MINUS | ** 54 | = 0 | x \$9 \$18 | \$0 |
| INDEP. CLAIMS | * 10 | MINUS | *** 12 | = 0 | x \$42 \$84 | \$0 |
| Fee for Multiple Dependent claims \$140°/\$280 | | | | | | \$0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☒ A check in the amount of \$ 110.00 to cover the Extension fee for response with a one-month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10132-3801
Facsimile: (212) 218-2200
NY MAIN 358304